

FIG. 1.

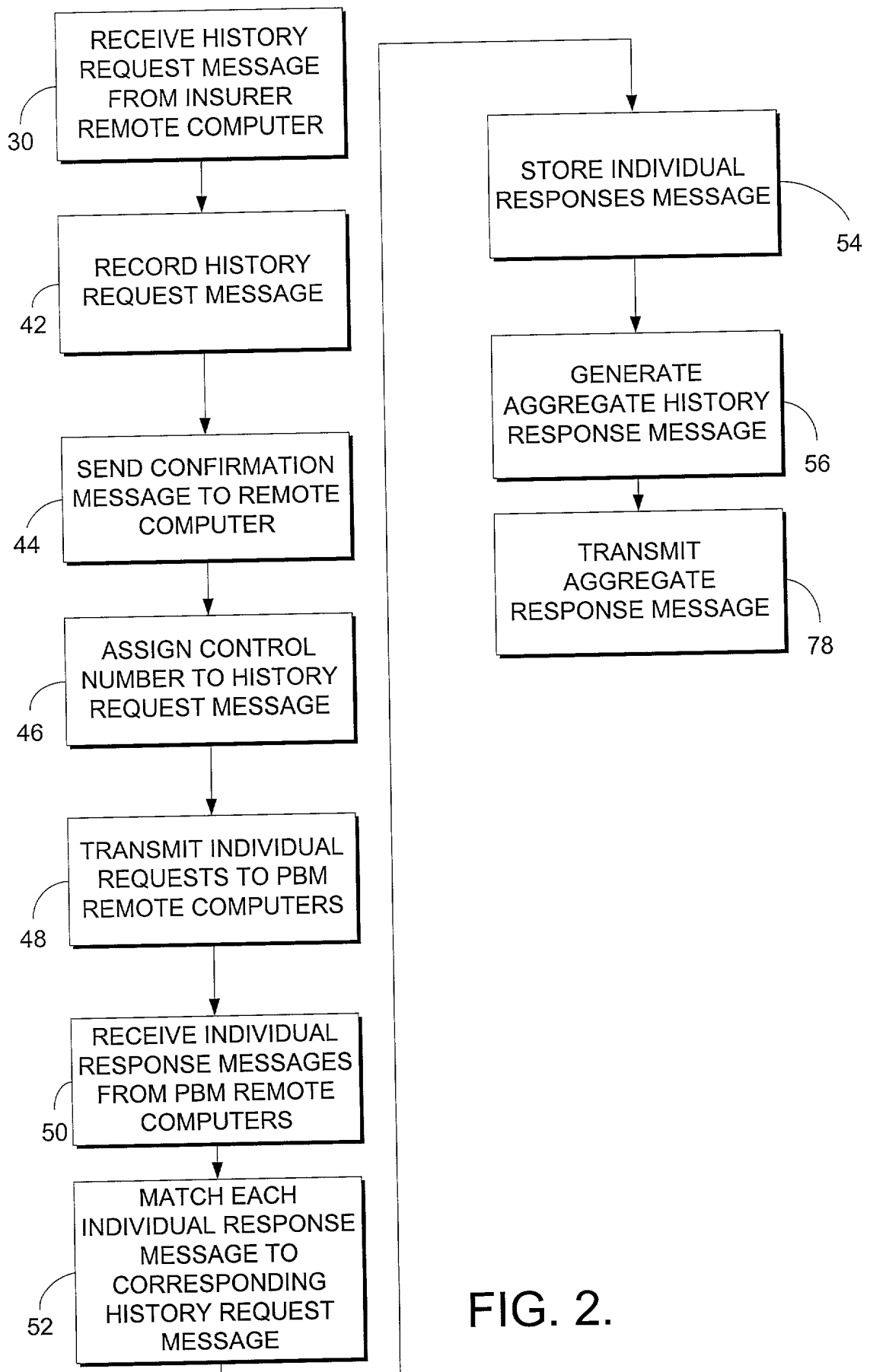


FIG. 2.

Parameter	Value	Unit
α	0.001	
β	0.001	
γ	0.001	
δ	0.001	
ϵ	0.001	
ζ	0.001	
η	0.001	
θ	0.001	
ι	0.001	
κ	0.001	
λ	0.001	
μ	0.001	
ν	0.001	
ξ	0.001	
\omicron	0.001	
π	0.001	
ρ	0.001	
σ	0.001	
τ	0.001	
υ	0.001	
ϕ	0.001	
χ	0.001	
ψ	0.001	
ω	0.001	
Ω	0.001	
Θ	0.001	
Φ	0.001	
Ψ	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
Ξ	0.001	
\Omicron	0.001	
Π	0.001	
Σ	0.001	
Υ	0.001	
Γ	0.001	
Δ	0.001	
Λ	0.001	
Σ	0.001	
Π	0.001	
$\Xi</$		

Script Check Request

Requestor Information

Name: Tom Deaux Phone #: 913-123-1234
 EMail: tom.deaux@labone.com Fax #: 913-123-2222

Applicant Information

Last Name: ARTIS SSN: 123-12-1234
 First Name: BROWN Birthdate: 03/20/1956
 Middle Initial: Ticker #: 0011111111
 Gender: Male Policy #:

Insurance Information

PBM Member ID: Dependent Suffix: Insured SSN: 123-12-1235

Applicant Address

Street Address Line 1: 10101 Renner
 City: Lenexa
 State/Province: KS - Kansas
 ZIP/Postal Code: 66219

Service Requested

Service Requested: 24 Months
☐ Request Physician Info
☐ Express Turn-Around
☐ Request Drug Info

☐ Print Script Check Request

FIG. 4.

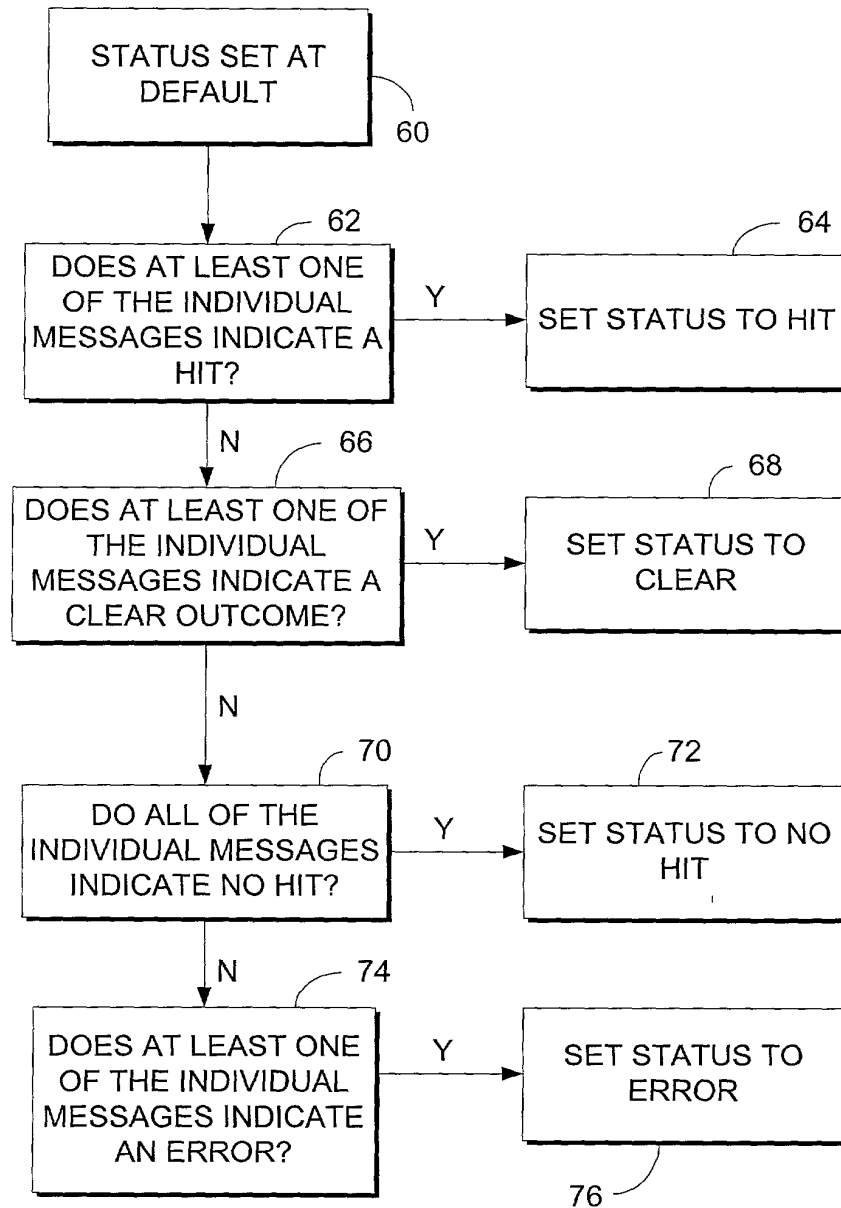


FIG. 5

LABONE SCRIPTCHECK PRESCRIPTION REPORT

ID NAME: JOHN DOE

DOB/SEX/ST: 01/01/1926 M AZ

AGENT/AGENCY: /

TICKET NUMBER: 00348574632

INS TYPE/AMT: LI/0

DATE REPORTED: 03/29/2001 XYZ 76388623

INSURANCE KEY:

SOC SEC NO: 001010001

SERVICE LEVEL: UP TO 6 MONTHS OF HISTORY

REQUESTOR: ABC Insurance Co.

LABONE LIFE INSURANCE COMPANY
10101 RENNER RD

LENEXA, KS 66219
ATTN: CHIEF UNDERWRITER
ASST. VICE PRESIDENT

SCRIPTCHECK PRESCRIPTION HISTORY

DRUGS REPORTED: VALIUM, INDAPAMIDE, CLONAZEPAM, EFFEXOR XR, PREVACID, ISOSORBIDE MONONITRATE

NAME : JOHN DOE

DATE DISPENSED: 03/14/2001

PBM: ADVANCEPCS

PRESCRIPTION : VALIUM

STRENGTH/Form : 5MG TABLET

UNITS PER DAY : 2

QUANTITY DISP : 60 DAYS SUPPLY : 30

DRUG CLASS : ANTIANXIETY

DRUG CLASS : ANTICONVULSANT

DRUG CLASS : BENZODIAZEPINE

PHYSICIAN NAME: JOHN JOHNSON

PHONE : (800) 873-8845

SPECIALTY : FAMILY PRACTICE

INDICATIONS :

Management of anxiety disorders; relief of acute alcohol withdrawal symptoms; relief of preoperative apprehension and anxiety and reduction of memory recall; treatment of muscle spasms, convulsive disorders and status epilepticus. Treatment of irritable bowel syndrome; relief of panic attack.

NAME : JOHN DOE

DATE DISPENSED: 03/14/2001

PBM: ADVANCEPCS

PRESCRIPTION : INDAPAMIDE

STRENGTH/Form : 2.500MG TABLET

UNITS PER DAY : 2

QUANTITY DISP : 60 DAYS SUPPLY : 30

DRUG CLASS : THIAZIDE DIURETIC

PHYSICIAN NAME: DON JOHNSON

PHONE : (800) 873-8845

SPECIALTY : INTERNAL MEDICINE

INDICATIONS :

Treatment of edema associated with CHF, hepatic cirrhosis, renal dysfunction, and corticosteroid or estrogen therapy; management of hypertension. Treatment of calcium nephrolithiasis, osteoporosis, or diabetes insipidus.